

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2	/					52				
3	/					53				
4	/					54				
5	/					55				
6	/					56				
7	/					57				
8	/					58				
9	/					59				
10	/					60				
11	/					61				
12	/					62				
13	/					63				
14	/					64				
15	/					65				
16	/					66				
17	/					67				
18	/					68				
19	/					69				
20	/					70				
21	/					71				
22	/					72				
23	/					73				
24	/					74				
25	/					75				
26	/					76				
27	/					77				
28	/					78				
29	/					79				
30	/					80				
31	/					81				
32	/					82				
33	/					83				
34	/					84				
35	/					85				
36	/					86				
37	/					87				
38	/					88				
39	/					89				
40	/					90				
41	/					91				
42	/					92				
43	/					93				
44	/					94				
45	/					95				
46	/					96				
47	/					97				
48	/					98				
49	/					99				
50						100				
TOTAL IND.	8					TOTAL IND.				
TOTAL DEP.	41	↓	↓	↓		TOTAL DEP.	↓	↓	↓	
TOTAL CLAIMS	49	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	

BEST AVAILABLE COPY